

SUPPLEMENTARY SECTION

Supplement 1: Patient profiles













Supplement 2: Survey content






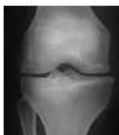















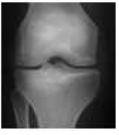


Supplement 3: Characteristics of surgeons

Supplement 4: Opinion towards the literature

Supplement 5: Results of the treatment choice affecting patient

Supplement 1: Patient profiles

Profile 1 Unemployed  50 y BMI 23	Consultation <table><tr><td colspan="2"><i>Complaints</i></td></tr><tr><td>Pseudo-locking</td><td>-</td></tr><tr><td>VAS rest (0-100)</td><td>1</td></tr><tr><td>VAS weight bearing (0-100)</td><td>7</td></tr><tr><td>IKDC score (0-100)</td><td>85</td></tr><tr><td colspan="2"><i>Physical exam</i></td></tr><tr><td>Flexion</td><td>140°</td></tr><tr><td>Extension</td><td>+5°</td></tr><tr><td>Joint effusion</td><td>-</td></tr><tr><td>Joint line tenderness</td><td>-</td></tr><tr><td>McMurray</td><td>pain medial</td></tr><tr><td>Thessaly</td><td>-</td></tr><tr><td colspan="2"><i>Physical therapy in last 3 months</i></td></tr><tr><td>No</td><td></td></tr></table>	<i>Complaints</i>		Pseudo-locking	-	VAS rest (0-100)	1	VAS weight bearing (0-100)	7	IKDC score (0-100)	85	<i>Physical exam</i>		Flexion	140°	Extension	+5°	Joint effusion	-	Joint line tenderness	-	McMurray	pain medial	Thessaly	-	<i>Physical therapy in last 3 months</i>		No		MRI <table><tr><td><i>Medial meniscus</i></td><td><i>Lateral meniscus</i></td></tr><tr><td>Horizontal tear</td><td>Intact</td></tr></table>  	<i>Medial meniscus</i>	<i>Lateral meniscus</i>	Horizontal tear	Intact	X-ray <i>Kellgren-Lawrence (OA)</i> Grade 1 
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Profile 2 Professional cook  54 y BMI 23	Consultation <table><tr><td colspan="2"><i>Complaints</i></td></tr><tr><td>Pseudo-locking</td><td>-</td></tr><tr><td>VAS rest (0-100)</td><td>56</td></tr><tr><td>VAS weight bearing (0-100)</td><td>85</td></tr><tr><td>IKDC score (0-100)</td><td>57</td></tr><tr><td colspan="2"><i>Physical exam</i></td></tr><tr><td>Flexion</td><td>120°</td></tr><tr><td>Extension</td><td>+10°</td></tr><tr><td>Joint effusion</td><td>+</td></tr><tr><td>Joint line tenderness</td><td>medial</td></tr><tr><td>McMurray</td><td>-</td></tr><tr><td>Thessaly</td><td>pain medial in 20°</td></tr><tr><td colspan="2"><i>Physical therapy in last 3 months</i></td></tr><tr><td>No</td><td></td></tr></table>	<i>Complaints</i>		Pseudo-locking	-	VAS rest (0-100)	56	VAS weight bearing (0-100)	85	IKDC score (0-100)	57	<i>Physical exam</i>		Flexion	120°	Extension	+10°	Joint effusion	+	Joint line tenderness	medial	McMurray	-	Thessaly	pain medial in 20°	<i>Physical therapy in last 3 months</i>		No		MRI <table><tr><td><i>Medial meniscus</i></td><td><i>Lateral meniscus</i></td></tr><tr><td>Horizontal tear</td><td>Intact</td></tr></table>  	<i>Medial meniscus</i>	<i>Lateral meniscus</i>	Horizontal tear	Intact	X-ray <i>Kellgren-Lawrence (OA)</i> Grade 0 
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Profile 3 Functional manager  45 y BMI 24	Consultation <table><tr><td colspan="2"><i>Complaints</i></td></tr><tr><td>Pseudo-locking</td><td>-</td></tr><tr><td>VAS rest (0-100)</td><td>52</td></tr><tr><td>VAS weight bearing (0-100)</td><td>60</td></tr><tr><td>IKDC score (0-100)</td><td>67</td></tr><tr><td colspan="2"><i>Physical exam</i></td></tr><tr><td>Flexion</td><td>140°</td></tr><tr><td>Extension</td><td>0°</td></tr><tr><td>Joint effusion</td><td>-</td></tr><tr><td>Joint line tenderness</td><td>medial and lateral</td></tr><tr><td>McMurray</td><td>pain lateral</td></tr><tr><td>Thessaly</td><td>pain lateral in 5°</td></tr><tr><td colspan="2"><i>Physical therapy in last 3 months</i></td></tr><tr><td>No</td><td></td></tr></table>	<i>Complaints</i>		Pseudo-locking	-	VAS rest (0-100)	52	VAS weight bearing (0-100)	60	IKDC score (0-100)	67	<i>Physical exam</i>		Flexion	140°	Extension	0°	Joint effusion	-	Joint line tenderness	medial and lateral	McMurray	pain lateral	Thessaly	pain lateral in 5°	<i>Physical therapy in last 3 months</i>		No		MRI <table><tr><td><i>Medial meniscus</i></td><td><i>Lateral meniscus</i></td></tr><tr><td>Intact</td><td>Complex tear</td></tr></table>  	<i>Medial meniscus</i>	<i>Lateral meniscus</i>	Intact	Complex tear	X-ray <i>Kellgren-Lawrence (OA)</i> Grade 1 
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Profile 4 Administrative assistant  50 y BMI 23	Consultation <table> <tr><td colspan="2"><i>Complaints</i></td></tr> <tr><td>Pseudo-locking</td><td>-</td></tr> <tr><td>VAS rest (0-100)</td><td>1</td></tr> <tr><td>VAS weight bearing (0-100)</td><td>7</td></tr> <tr><td>IKDC score (0-100)</td><td>63</td></tr> <tr><td colspan="2"><i>Physical exam</i></td></tr> <tr><td>Flexion</td><td>140°</td></tr> <tr><td>Extension</td><td>0°</td></tr> <tr><td>Joint effusion</td><td>-</td></tr> <tr><td>Joint line tenderness</td><td>pain lateral</td></tr> <tr><td>Mc Murray</td><td>-</td></tr> <tr><td>Thessaly</td><td>pain lateral in 5°</td></tr> <tr><td colspan="2"><i>Physical therapy in last 3 months</i></td></tr> <tr><td>No</td><td></td></tr> </table>	<i>Complaints</i>		Pseudo-locking	-	VAS rest (0-100)	1	VAS weight bearing (0-100)	7	IKDC score (0-100)	63	<i>Physical exam</i>		Flexion	140°	Extension	0°	Joint effusion	-	Joint line tenderness	pain lateral	Mc Murray	-	Thessaly	pain lateral in 5°	<i>Physical therapy in last 3 months</i>		No		MRI <table> <tr> <td><i>Medial meniscus</i></td><td><i>Lateral meniscus</i></td></tr> <tr> <td>Intact</td><td>Complex tear</td></tr> <tr> <td></td><td></td></tr> </table>	<i>Medial meniscus</i>	<i>Lateral meniscus</i>	Intact	Complex tear			X-ray Kellgren-Lawrence (OA) Grade 2 
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Profile 5 Fuel operator  50 y BMI 23.8	Consultation <table> <tr><td colspan="2"><i>Complaints</i></td></tr> <tr><td>Pseudo-locking</td><td>-</td></tr> <tr><td>VAS rest (0-100)</td><td>84</td></tr> <tr><td>VAS weight bearing (0-100)</td><td>100</td></tr> <tr><td>IKDC score (0-100)</td><td>51</td></tr> <tr><td colspan="2"><i>Physical exam</i></td></tr> <tr><td>Flexion</td><td>135°</td></tr> <tr><td>Extension</td><td>0°</td></tr> <tr><td>Joint effusion</td><td>-</td></tr> <tr><td>Joint line tenderness</td><td>-</td></tr> <tr><td>Mc Murray</td><td>-</td></tr> <tr><td>Thessaly</td><td>pain medial in 5°</td></tr> <tr><td colspan="2"><i>Physical therapy in last 3 months</i></td></tr> <tr><td>Yes, 11 session</td><td></td></tr> </table>	<i>Complaints</i>		Pseudo-locking	-	VAS rest (0-100)	84	VAS weight bearing (0-100)	100	IKDC score (0-100)	51	<i>Physical exam</i>		Flexion	135°	Extension	0°	Joint effusion	-	Joint line tenderness	-	Mc Murray	-	Thessaly	pain medial in 5°	<i>Physical therapy in last 3 months</i>		Yes, 11 session		MRI <table> <tr> <td><i>Medial meniscus</i></td><td><i>Lateral meniscus</i></td></tr> <tr> <td>Horizontal tear</td><td>Intact</td></tr> <tr> <td></td><td></td></tr> </table>	<i>Medial meniscus</i>	<i>Lateral meniscus</i>	Horizontal tear	Intact			X-ray Kellgren-Lawrence (OA) Grade 0 
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Profile 6 Hotel manager  60 y BMI 31	Consultation <table> <tr><td colspan="2"><i>Complaints</i></td></tr> <tr><td>Pseudo-locking</td><td>+</td></tr> <tr><td>VAS rest (0-100)</td><td>45</td></tr> <tr><td>VAS weight bearing (0-100)</td><td>77</td></tr> <tr><td>IKDC score (0-100)</td><td>40</td></tr> <tr><td colspan="2"><i>Physical exam</i></td></tr> <tr><td>Flexion</td><td>130°</td></tr> <tr><td>Extension</td><td>0°</td></tr> <tr><td>Joint effusion</td><td>+</td></tr> <tr><td>Joint line tenderness</td><td>medial</td></tr> <tr><td>Mc Murray</td><td>pain medial</td></tr> <tr><td>Thessaly</td><td>pain medial in 5°</td></tr> <tr><td colspan="2"><i>Physical therapy in last 3 months</i></td></tr> <tr><td>No</td><td></td></tr> </table>	<i>Complaints</i>		Pseudo-locking	+	VAS rest (0-100)	45	VAS weight bearing (0-100)	77	IKDC score (0-100)	40	<i>Physical exam</i>		Flexion	130°	Extension	0°	Joint effusion	+	Joint line tenderness	medial	Mc Murray	pain medial	Thessaly	pain medial in 5°	<i>Physical therapy in last 3 months</i>		No		MRI <table> <tr> <td><i>Medial meniscus</i></td><td><i>Lateral meniscus</i></td></tr> <tr> <td>Horizontal tear</td><td>Intact</td></tr> <tr> <td></td><td></td></tr> </table>	<i>Medial meniscus</i>	<i>Lateral meniscus</i>	Horizontal tear	Intact			X-ray Kellgren-Lawrence (OA) Grade 1 
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Horizontal tear	Intact																																				
																																					

Profile 7

Taxi driver



62 y

BMI 26

Consultation

Complaints	
Pseudo-locking	+
VAS rest (0-100)	66
VAS weight bearing (0-100)	51
IKDC score (0-100)	38
Physical exam	
Flexion	120°
Extension	0°
Joint effusion	-
Joint line tenderness	medial
McMurray	pain medial
Thessaly	-
Physical therapy in last 3 months	
No	

MRI

Medial meniscus

Lateral meniscus

Horizontal tear

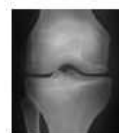
Intact



X-ray

Kellgren-Lawrence (OA)

Grade 1



Profile 8

Sculptor



50 y

BMI 23

Consultation

Complaints	
Pseudo-locking	-
VAS rest (0-100)	69
VAS weight bearing (0-100)	91
IKDC score (0-100)	37
Physical exam	
Flexion	130°
Extension	0°
Joint effusion	+
Joint line tenderness	medial
McMurray	pain medial
Thessaly	pain medial in 20°
Physical therapy in last 3 months	
No	

MRI

Medial meniscus

Lateral meniscus

Complex tear

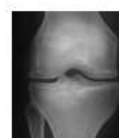
Intact



X-ray

Kellgren-Lawrence (OA)

Grade 2



Profile 9

Upholsterer



65 y

BMI 25

Consultation

Complaints	
Pseudo-locking	-
VAS rest (0-100)	4
VAS weight bearing (0-100)	93
IKDC score (0-100)	26
Physical exam	
Flexion	110°
Extension	0°
Joint effusion	-
Joint line tenderness	-
McMurray	-
Thessaly	pain lateral in 5°
Physical therapy in last 3 months	
Yes, 2 sessions	

MRI

Medial meniscus

Lateral meniscus

Intact

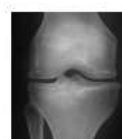
Radial tear



X-ray

Kellgren-Lawrence (OA)

Grade 2



Profile 10
Teacher
primary school



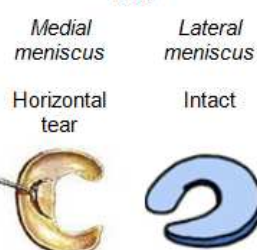
59 y

BMI 27

Consultation

Complaints	
Pseudo-locking	-
VAS rest (0-100)	14
VAS weight bearing (0-100)	68
IKDC score (0-100)	26
Physical exam	
Flexion	130°
Extension	0°
Joint effusion	+
Joint line tenderness	medial
McMurray	-
Thessaly	pain medial in 5°
Physical therapy in last 3 months	
Yes, 20 sessions	

MRI



X-ray

Kellgren-Lawrence (OA)

Grade 1



Profile 11
Composer /
musician



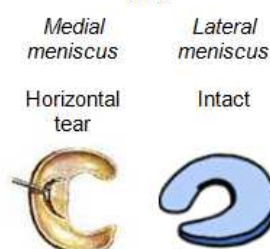
62 y

BMI 33

Consultation

Complaints	
Pseudo-locking	+
VAS rest (0-100)	19
VAS weight bearing (0-100)	61
IKDC score (0-100)	41
Physical exam	
Flexion	130°
Extension	0°
Joint effusion	-
Joint line tenderness	medial
McMurray	pain medial
Thessaly	pain medial in 5°
Thessaly	pain lateral in 20°
Physical therapy in last 3 months	
No	

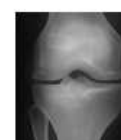
MRI



X-ray

Kellgren-Lawrence (OA)

Grade 2



Profile 12
Unemployed



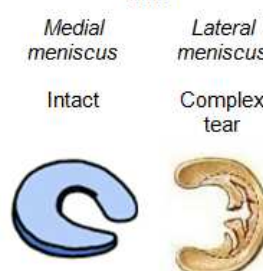
69 y

BMI 23

Consultation

Complaints	
Pseudo-locking	+
VAS rest (0-100)	48
VAS weight bearing (0-100)	11
IKDC score (0-100)	32
Physical exam	
Flexion	140°
Extension	+5°
Joint effusion	-
Joint line tenderness	lateral
McMurray	pain lateral
Thessaly	pain lateral in 5°
Physical therapy in last 3 months	
Yes, 4 sessions	

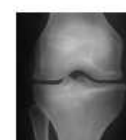
MRI



X-ray

Kellgren-Lawrence (OA)

Grade 2



Profile 13
Unemployed



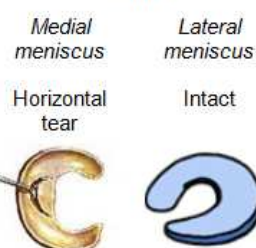
62 y

BMI 32

Consultation

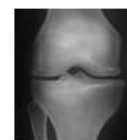
Complaints	
Pseudo-locking	-
VAS rest (0-100)	67
VAS weight bearing (0-100)	90
IKDC score (0-100)	13
Physical exam	
Flexion	130°
Extension	+5°
Joint effusion	+
Joint line tenderness	medial
McMurray	pain medial
Thessaly	-
Physical therapy in last 3 months	
Yes, 2 sessions	

MRI



X-ray

Kellgren-
Lawrence (OA)
Grade 2



Profile 14
Pharmacy
assistant



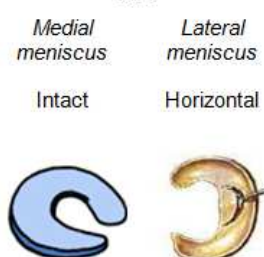
46 y

BMI 24

Consultation

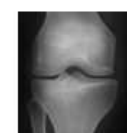
Complaints	
Pseudo-locking	+
VAS rest (0-100)	61
VAS weight bearing (0-100)	57
IKDC score (0-100)	63
Physical exam	
Flexion	140°
Extension	0°
Joint effusion	-
Joint line tenderness	-
McMurray	pain lateral
Thessaly	pain lateral in 5°
Physical therapy in last 3 months	
No	

MRI



X-ray

Kellgren-
Lawrence (OA)
Grade 1



Profile 15
Civil servant



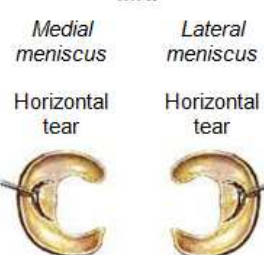
49 y

BMI 22

Consultation

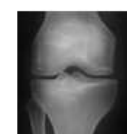
Complaints	
Pseudo-locking	-
VAS rest (0-100)	25
VAS weight bearing (0-100)	81
IKDC score (0-100)	36
Physical exam	
Flexion	145°
Extension	0°
Joint effusion	+
Joint line tenderness	medial
McMurray	pain medial
Thessaly	pain medial in 5°
Physical therapy in last 3 months	
Yes, 3 sessions	




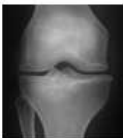








MRI



X-ray

Kellgren-
Lawrence (OA)
Grade 1



Profile 16 Saleswoman  51 y BMI 35	Consultation <table> <tr><td colspan="2"><i>Complaints</i></td></tr> <tr><td>Pseudo-locking</td><td>+</td></tr> <tr><td>VAS rest (0-100)</td><td>12</td></tr> <tr><td>VAS weight bearing (0-100)</td><td>64</td></tr> <tr><td>IKDC score (0-100)</td><td>49</td></tr> <tr><td colspan="2"><i>Physical exam</i></td></tr> <tr><td>Flexion</td><td>135°</td></tr> <tr><td>Extension</td><td>0°</td></tr> <tr><td>Joint effusion</td><td>+</td></tr> <tr><td>Joint line tenderness</td><td>medial</td></tr> <tr><td>McMurray</td><td>pain medial</td></tr> <tr><td>Thessaly</td><td>pain medial in 5°</td></tr> <tr><td colspan="2"><i>Physical therapy in last 3 months</i></td></tr> <tr><td>Yes, 9 sessions</td><td></td></tr> </table>	<i>Complaints</i>		Pseudo-locking	+	VAS rest (0-100)	12	VAS weight bearing (0-100)	64	IKDC score (0-100)	49	<i>Physical exam</i>		Flexion	135°	Extension	0°	Joint effusion	+	Joint line tenderness	medial	McMurray	pain medial	Thessaly	pain medial in 5°	<i>Physical therapy in last 3 months</i>		Yes, 9 sessions		MRI <table> <tr> <td><i>Medial meniscus</i></td> <td><i>Lateral meniscus</i></td> </tr> <tr> <td>Complex tear</td> <td>Intact</td> </tr> </table>  	<i>Medial meniscus</i>	<i>Lateral meniscus</i>	Complex tear	Intact	X-ray Kellgren-Lawrence (OA) Grade 2 
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VAS rest (0-100)	12																																		
VAS weight bearing (0-100)	64																																		
IKDC score (0-100)	49																																		
<i>Physical exam</i>																																			
Flexion	135°																																		
Extension	0°																																		
Joint effusion	+																																		
Joint line tenderness	medial																																		
McMurray	pain medial																																		
Thessaly	pain medial in 5°																																		
<i>Physical therapy in last 3 months</i>																																			
Yes, 9 sessions																																			
<i>Medial meniscus</i>	<i>Lateral meniscus</i>																																		
Complex tear	Intact																																		
Profile 17 Unemployed  66 y BMI 26	Consultation <table> <tr><td colspan="2"><i>Complaints</i></td></tr> <tr><td>Pseudo-locking</td><td>+</td></tr> <tr><td>VAS rest (0-100)</td><td>67</td></tr> <tr><td>VAS weight bearing (0-100)</td><td>90</td></tr> <tr><td>IKDC score (0-100)</td><td>33</td></tr> <tr><td colspan="2"><i>Physical exam</i></td></tr> <tr><td>Flexion</td><td>130°</td></tr> <tr><td>Extension</td><td>-5°</td></tr> <tr><td>Joint effusion</td><td>+</td></tr> <tr><td>Joint line tenderness</td><td>medial</td></tr> <tr><td>McMurray</td><td>pain medial</td></tr> <tr><td>Thessaly</td><td>pain medial in 5°</td></tr> <tr><td colspan="2"><i>Physical therapy in last 3 months</i></td></tr> <tr><td>No</td><td></td></tr> </table>	<i>Complaints</i>		Pseudo-locking	+	VAS rest (0-100)	67	VAS weight bearing (0-100)	90	IKDC score (0-100)	33	<i>Physical exam</i>		Flexion	130°	Extension	-5°	Joint effusion	+	Joint line tenderness	medial	McMurray	pain medial	Thessaly	pain medial in 5°	<i>Physical therapy in last 3 months</i>		No		MRI <table> <tr> <td><i>Medial meniscus</i></td> <td><i>Lateral meniscus</i></td> </tr> <tr> <td>Horizontal tear</td> <td>Intact</td> </tr> </table>  	<i>Medial meniscus</i>	<i>Lateral meniscus</i>	Horizontal tear	Intact	X-ray Kellgren-Lawrence (OA) Grade 1 
<i>Complaints</i>																																			
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Horizontal tear	Intact																																		
Profile 18 Varnish processor  51 y BMI 28	Consultation <table> <tr><td colspan="2"><i>Complaints</i></td></tr> <tr><td>Pseudo-locking</td><td>+</td></tr> <tr><td>VAS rest (0-100)</td><td>6</td></tr> <tr><td>VAS weight bearing (0-100)</td><td>8</td></tr> <tr><td>IKDC score (0-100)</td><td>29</td></tr> <tr><td colspan="2"><i>Physical exam</i></td></tr> <tr><td>Flexion</td><td>140°</td></tr> <tr><td>Extension</td><td>5°</td></tr> <tr><td>Joint effusion</td><td>-</td></tr> <tr><td>Joint line tenderness</td><td>medial and lateral</td></tr> <tr><td>McMurray</td><td>click lateral</td></tr> <tr><td>Thessaly</td><td>pain medial in 5°</td></tr> <tr><td colspan="2"><i>Physical therapy in last 3 months</i></td></tr> <tr><td>No</td><td></td></tr> </table>	<i>Complaints</i>		Pseudo-locking	+	VAS rest (0-100)	6	VAS weight bearing (0-100)	8	IKDC score (0-100)	29	<i>Physical exam</i>		Flexion	140°	Extension	5°	Joint effusion	-	Joint line tenderness	medial and lateral	McMurray	click lateral	Thessaly	pain medial in 5°	<i>Physical therapy in last 3 months</i>		No		MRI <table> <tr> <td><i>Medial meniscus</i></td> <td><i>Lateral meniscus</i></td> </tr> <tr> <td>Horizontal tear</td> <td>Intact</td> </tr> </table>  	<i>Medial meniscus</i>	<i>Lateral meniscus</i>	Horizontal tear	Intact	X-ray Kellgren-Lawrence (OA) Grade 1 
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<i>Medial meniscus</i>	<i>Lateral meniscus</i>																																		
Horizontal tear	Intact																																		

Profile 19

Agent /
salesman

63 y

BMI 25

Consultation

Complaints	
Pseudo-locking	-
VAS rest (0-100)	10
VAS weight bearing (0-100)	11
IKDC score (0-100)	68
Physical exam	
Flexion	135°
Extension	0°
Joint effusion	+
Joint line tenderness	lateral
McMurray	pain lateral
Thessaly	-
Physical therapy in last 3 months	
No	

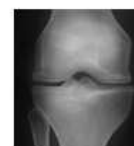
MRI

Medial
meniscusLateral
meniscusHorizontal
tearHorizontal
tear

X-ray

Kellgren-
Lawrence (OA)

Grade 3

Profile 20
Unemployed

51 y

BMI 28

Consultation

Complaints	
Pseudo-locking	-
VAS rest (0-100)	42
VAS weight bearing (0-100)	42
IKDC score (0-100)	60
Physical exam	
Flexion	120°
Extension	0
Joint effusion	-
Joint line tenderness	medial
McMurray	-
Thessaly	pain medial in 20°
Physical therapy in last 3 months	
No	

MRI

Medial
meniscusLateral
meniscusHorizontal
tear

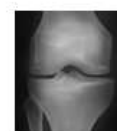
Intact



X-ray

Kellgren-
Lawrence (OA)

Grade 1



Supplement 2: Survey content

Biographics

Years of experience as orthopaedic surgeon:

- Less than 5 years
- Between 5 and 15 years
- More than 15 years

Field of expertise (more options possible):

- Knee surgery
- Hip surgery
- Shoulder/elbow surgery
- Back surgery
- Foot/ankle surgery
- Trauma surgery
- Arthroscopic surgery
- Sports injuries
- Infectiology
- Other:

In clinical decision making, what relative weighting do you give to evidence from your personal experience and of those around you, compared to evidence from clinical research?

Experience based

Published clinical research



The evidence

The following statements concern treatment (meniscectomy versus physical therapy) in patients between 45 and 70 years old with a non-obstructive meniscal tear

I am completely up to date with the literature on this topic

- Strongly disagree
- Disagree
- Neither agree nor disagree
- Agree
- Strongly agree

I think the evidence on this topic is very strong

- Strongly disagree
- Disagree
- Neither agree nor disagree
- Agree
- Strongly agree

I feel very confident in choosing between both treatment options

- Strongly disagree
- Disagree
- Neither agree nor disagree
- Agree
- Strongly agree

In my opinion, meniscectomy is a good option for the initial treatment of patients between 45 and 70 years old with a non-obstructive meniscal tear

- Strongly disagree
- Disagree
- Neither agree nor disagree
- Agree
- Strongly agree

In my opinion, physical therapy is a good option for the initial treatment of patients between 45 and 70 years old with a non-obstructive meniscal tear

- Strongly disagree
- Disagree
- Neither agree nor disagree
- Agree
- Strongly agree

Patient profiles 1-20 (example profile 1)

In the next section you will be presented 20 patient profiles. On the basis of every profile we kindly ask you to answer 3 questions.

Explanation of terms and abbreviations used:

Complaints

- *Pseudo-locking*

- A “catching” sensation which inhibits moving but quickly disappears. No true (irretrievable) knee locking.
- *VAS pain (0-100)*
 - Visual analogue scale to express pain. A score of 0 corresponds to no pain at all and a score of 100 reflects the worst possible pain. This score is divided into a score at rest and one during weight bearing.
- *IKDC (0-100)*
 - International Knee Documentation Committee (IKDC) ‘Subjective Knee Form’. The maximum of 100 points reflects no restrictions in daily and sports activities and the absence of symptoms. A change of more than 8.8 points in IKDC score is considered to exceed the smallest detectable change. The mentioned score in the patient profile corresponds to the baseline score (before treatment).

Physical exam





- Flexion of the knee; in degrees.
- Extension of the knee; in degrees. +5° means hyperextension, and -5° means a limitation of extension.
- Joint effusion; the presence of joint effusion. + means yes, - means no.
- Joint line tenderness; the presence of medial or lateral joint line tenderness during compression.
- McMurray; expressed as the presence of pain, a click, or both.
- Thessaly test; expressed for 5° or 20° knee flexion. If the Thessaly test is positive (e.g. pain) in 5°, it is assumed that it is positive in 20°. If 20° is presented, the test in 5° was negative.

MRI

All MRIs were viewed by one radiologist and tears were classified according to the ISAKOS classification.

X-ray (OA)

Osteoarthritis on Kellgren Lawrence scale. In this study patients with grade 4 were excluded. The miniature picture is a standardized image from the classification and does not represent the authentic X-ray of the described patient.

Profile 1	Consultation		MRI		X-ray
Unemployed			Medial meniscus	Lateral meniscus	Kellgren-Lawrence (OA)
			Horizontal tear	Intact	Grade 1
50 y					
BMI 23					
	Complaints				
	Pseudo-locking	-			
	VAS rest (0-100)	1			
	VAS weight bearing (0-100)	7			
	IKDC score (0-100)	85			
	Physical exam				
	Flexion	140°			
	Extension	+5°			
	Joint effusion	-			
	Joint line tenderness	-			
	McMurray	pain medial			
	Thessaly	-			
	Physical therapy in last 3 months				
	No				

Would you prefer meniscectomy or physical therapy as treatment in this particular patient?

- Arthroscopic partial meniscectomy (APM)
- Physical therapy (PT)

What would you think that will be the effect of your treatment of choice on knee function after two years?

- Strong deterioration (at least 20 points on IKDC)
- Mild deterioration (10-20 points on IKDC)
- No relevant difference (-10 to +10 points on IKDC)
- Some improvement (10-20 points on IKDC)
- Strong improvement (at least 20 points on IKDC)

What will the outcome be if the other treatment would be applied?

- Strong deterioration (at least 20 points on IKDC)
- Mild deterioration (10-20 points on IKDC)
- No relevant difference (-10 to +10 points on IKDC)
- Some improvement (10-20 points on IKDC)
- Strong improvement (at least 20 points on IKDC)

Patient characteristics

On this page we would like to ask you which of the following patient characteristics affect your treatment choice and if so, in which direction?

- Younger patients (approximately <45 years)
 - APM
 - PT
 - Unaffected


The same lay-out was used for all following characteristics:

- Older patients (approximately >45 years)
- Normal BMI (18,5 - 25 kg/m²)
- Obesity (BMI>25 kg/m²)
- Absence of obstructive/locking complaints
- Presence of obstructive/locking complaints
- Medial tear
- Lateral tear
- Longitudinal-vertical (ISAKOS)
- Horizontal tear (ISAKOS)
- Radial tear (ISAKOS)
- Vertical flap tear (ISAKOS)
- Complex tear (ISAKOS)
- Bucket handle tear
- No-mild osteoarthritis (Kellgren Lawrence 0 - 2)
- Moderate-severe osteoarthritis (Kellgren Lawrence 3 - 4)
- Lower education level
- Higher education level
- Poor baseline physical function (IKDC approximately < 30)
- Good baseline physical function (IKDC approximately > 50)
- Low activity level (Tegner 1-3)
- High activity levels (Tegner >3)
- Lower levels of pain (VAS < 7)
- Higher levels of pain (VAS > 7)
- Male gender
- Female gender
- A patient's wish for practicing sports
- Traumatic etiology
- Degenerative etiology
- Failed conservative treatment

Supplement 3: Characteristics of surgeons

<i>Years of experience as orthopaedic surgeon</i>	<i>Number</i>	<i>Percentage</i>
Less than 5 years	35	18.0
Between 5 and 15 years	57	29.4
More than 15 years	71	36.6
Resident orthopaedic surgery	30	15.5
Estimated number of performed knee arthroscopies during career:		
Less than 10	5	2.6
Less than 50	21	10.8
Between 50 and 150	33	17.0
More than 150	134	69.1
Fields of expertise (more options possible):		
Knee surgery	146	75.3
Hip surgery	107	55.2
Shoulder/elbow surgery	49	25.3
Back surgery	18	9.3
Foot/ankle surgery	35	18.0
Trauma surgery	79	40.7
Arthroscopic surgery	75	38.7
Sports injuries	69	35.6
Infectiology	11	5.7
Paediatric surgery	5	2.6
Hand/wrist surgery	5	2.6

Supplement 4: Opinion towards the literature

In clinical decision making, what relative weighting do you give to evidence from your personal experience and of those around you compared to evidence from clinical research?		Chosen by all surgeons (%)	Chosen by experienced knee surgeons (%)	Chosen by other orthopaedic surgeons (%)
	Experience based	0.5	0	1.1
		12.4	12.9	11.8
		38.1	42.6	33.3
		44.3	37.6	51.6
Published clinical research		4.6	6.9	2.2
I'm completely up to date with literature on this topic				
Strongly disagree		0.5	0	1.1
Disagree		5.2	0	10.8
Neither agree nor disagree		17	13.9	20.4
Agree		64.4	71.3	57
Strongly agree		12.9	14.9	10.8
The evidence on this topic is convincing				
Strongly disagree		0.5	0	1.1
Disagree		8.2	11.9	4.3
Neither agree nor disagree		17	14.9	19.4
Agree		63.9	63.4	64.5
Strongly agree		10.3	9.9	10.8
I feel very confident in choosing between both treatment options				
Strongly disagree		1	0	2.2
Disagree		6.7	5	8.6
Neither agree nor disagree		16.5	10.9	22.6
Agree		65.5	71.3	59.1
Strongly agree		10.3	12.9	7.5

In my opinion, meniscectomy is a good option for the initial treatment of patients between 45 and 70 years old with a non-obstructive meniscal tear

Strongly disagree	39.2	38.6	39.8
Disagree	49.5	47.5	51.6
Neither agree nor disagree	8.2	9.9	6.5
Agree	3.1	4	2.2
Strongly agree	0	0	0

In my opinion, physical therapy is a good option for the initial treatment of patients between 45 and 70 years old with a non-obstructive meniscal tear

Strongly disagree	1.5	2	1.1
Disagree	7.2	10.9	3.2
Neither agree nor disagree	13.9	16.8	10.8
Agree	48.5	48.5	48.4
Strongly agree	28.9	21.8	36.6

Experienced knee surgeons are orthopaedic surgeons with at least 5 years of experience in knee surgery.

Supplement 5: Results of the treatment choice affecting patient characteristics

Patient characteristics	Proportion of surgeons directed towards APM (%)	Proportion of surgeons directed towards PT (%)	Proportion of surgeons for whom characteristic did not influence treatment choice (%)
Higher education level	6	6	88
Lower education level	2	11	88
Male gender	10	5	85
Female gender	2	14	84
Medial tear	21	7	72
Lateral tear	11	26	63
A patient's wish for practicing sports	33	8	59
Normal BMI (18,5 - 25 kg/m ²)	39	5	56
Higher levels of pain (VAS > 7)	29	15	56
Radial tear (ISAKOS)	26	20	54
Longitudinal-vertical (ISAKOS)	36	10	54
Good baseline physical function (IKDC approximately > 50)	30	19	52
Horizontal tear (ISAKOS)	7	42	51
Horizontal flap tear (ISAKOS)	38	16	46
High activity levels (Tegner >3)	49	6	45
Lower levels of pain (VAS < 7)	5	50	45
Vertical flap tear (ISAKOS)	51	7	43
Complex tear (ISAKOS)	26	31	43
Low activity level (Tegner 1-3)	1	63	36
Poor baseline physical function (IKDC approximately < 30)	10	56	34
No-mild osteoarthritis (KL 0 - 2)	61	8	31
Younger patients (approximately <45 years)	74	1	25
Traumatic aetiology	76	3	22
Obesity (BMI>25 kg/m ²)	2	79	20
Presence of obstructive/locking complaints	82	3	15
Failed conservative treatment	82	3	15

Older patients (approximately >45 years)	1	87	13
Absence of obstructive/locking complaints	1	88	11
Degenerative aetiology	1	92	7
Bucket handle tear	94	0	6
Moderate-severe osteoarthritis (KL 3 - 4)	1	96	3

The percentages were generated based on information from the section '*Patient characteristics*' from the survey (Supplement 2).

BMI = Body Mass Index; IKDC = International Knee Documentation Committee; ISAKOS = International Society of Arthroscopy, Knee Surgery and Orthopaedic Sports Medicine; KL = Kellgren Lawrence; VAS = Visual Analog Scale